

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/820453

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|--|--------------|----------------|
| BASIC FEE (37 CFR 1.16(a)) | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | 20 | minus 20 = * 0 |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 3 | minus 3 = * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

(Cont)

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT # A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|---|------------------|
| | Total (37 CFR 1.16(c)) | * 25 | Minus |
| Independent (37 CFR 1.16(b)) | * 4 | Minus | *** 4 = / |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|--------|----------|----------|
| | \$ 395 | | \$ _____ |
| x \$ 11 = | 0 | | |
| x \$ 41 = | 0 | | |
| + _____ = | | | |
| TOTAL | 395 | OR TOTAL | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|-----------|-------------------|----------|-------------------|
| x \$ 25 = | / | | |
| x 100 = | | | |
| + 180 = | | | |
| TOTAL | | OR TOTAL | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|--------------|-------------------|----------|-------------------|
| x \$ _____ = | | | |
| x _____ = | | | |
| + _____ = | | | |
| TOTAL | | OR TOTAL | |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|--------------|-------------------|----------|-------------------|
| x \$ _____ = | | | |
| x _____ = | | | |
| + _____ = | | | |
| TOTAL | | OR TOTAL | |

6-23-06

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT # B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|---|------------------|
| | Total (37 CFR 1.16(c)) | * 12 | Minus |
| Independent (37 CFR 1.16(b)) | * 1 | Minus | *** 4 = / |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.